

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ML</i>		<i>2/7/00</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>2/13/00</i>
FORMALITY REVIEW	<i>FL</i>		
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled                      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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